

**CLAIM -- VOUCHER**

State Form 45637 (R8 / 8-05) / IMP 2641C

Approved by State Board of Accounts 2005

PRIVACY NOTICE: This agency is requesting disclosure of your Social Security number in accordance with IC 4-1-8.

VENDOR INFORMATION						AGENCY INFORMATION			
Document number		Date (month, day, year)				Agency name Division of Family Resources, FSSA - JOBS (TANF)			
Vendor name						Agency number 500			
Address (number, street)						Social Security number or			
						Federal I.D. number			
City, state and ZIP code						Vendor number			
AREA BELOW TO BE COMPLETED BY AGENCY									
DATE	AMOUNT	FUND	OBJECT	CENTER	LOAN / INV / NBR	QTY	UNIT	DESCRIPTION	
		3560	572700	170300				NO	
Name of participant			County number	Case number			Social Security number		
SERVICE CODE	Supportive Services for:					Thru:			
01	Mileage: Number of Miles _____ X .15 = \$ _____					COMMENTS: (Reason for request)			
02	Bus Tokens \$								
03	Gas Coupons \$								
04	Vehicle Expenses \$					Prepared by:			
05	Clothing, Uniforms and Shoes \$					Telephone number ()			
07	Training / Tuition / GED Fees / Books \$					Date prepared (month, day, year)			
GROSS AMOUNT: \$					Furnished to: (Name of State Agency) Division of Family Resources, FSSA				
I certify that this claim is correct and valid and is a proper charge against the State Agency, Fund and Center indicated.									
Authorized Signature of Local Office					Date signed (month, day, year)				
Pursuant to the provisions and penalties of IC 5-11-10-1, I hereby certify that the foregoing account is just and correct, that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.									
Signature of Vendor					Date signed (month, day, year)				